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ABSTRACT

A client's gender role plays an important part in his or her life, emotional well being, and the therapeutic relationship. The process of male socialization begins early in a boy's life, typically with primary care givers. In North American culture, men are conditioned to disconnect from relationships, minimize emotional pain, and deal with problems individually. The gender role expectations and behaviors of men in North American culture are examined in an attempt to assist mental health professionals in becoming more aware of men's issues and their impact on the counseling process. Findings from the literature indicate the manner in which men learn to relate to others will affect the counseling relationship. The male style of re.ating and the "ideal" therapy patient are opposite in many ways. Thus, it is important for mental health professionals to become knowledgeable about the socialization of men in North American culture in order to more effectively serve male clients. Contains 21 references. (TS)

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Counseling Men: The Effects of Gender Role

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Abstract

Gender, or more specifically gender role, plays an important part in a client's life, emotional well being, and the therapeutic relationship. The process of male socialization begins early in a boy's life, typically with primary care givers. In North American culture, men are conditioned to disconnect from relationships, minimize emotional pain and deal with problems individually. This paper examines the gender role expectations and behaviors of men in North American culture in an attempt to assist mental health professionals in becoming more aware of men's issues and their impact on the counseling process. Findings from the literature indicate the manner in which men learn to relate to others will affect the counseling relationship. The male style of relating and the "ideal" therapy patient are opposite in many ways. Thus, it is important for mental health professionals to become knowledgeable about the socialization of men in North American culture to more effectively serve male clients.

Counseling Men: The Effect of Gender Role

One of the most important aspects of effective mental health counseling is knowing the client (Kelly & Hall, 1992). Knowing the client, understanding his/her viewpoint, respecting how the client operates within a larger familiar and social system, and understanding his/her cultural issues are all essential to the therapeutic process (Kelly & Hall, 1992). Becoming more aware of the psychology of men, traditionally and in a changing society is important for mental health counselors (Kenny & Hall, 1992).

While there has been a great deal written about women and female gender aware therapy, men have not typically been viewed in terms of gender (Pleck, 1976). Rather, men's issues in counseling are usually addressed without fully considering the impact of gender socialization (O'Neil & Egan, 1992). Levand and Pollack (1995) state, "psychological counseling with male clients is not likely to be fully successful, or culturally ethical, if male socialization is not understood" (p.316). Psychotherapy with men is enriched when we view men's issues within the context of traditional male roles and their implications (Levant & Pollack, 1995).

The process of male socialization begins within the family (Bergman, 1991, Osherson & Krugman, 1990). Little boys learn what it means to be "psychologically" male early in life and their experiences are vastly different from little girls (Solomon & Levy, 1982).

It appears that gender role assessments, at least in terms of men, have been overlooked by mental health professionals (O'Neil & Egan, 1992). Heesacker & Prichard (1992) state, "mental health professionals must not apply a one size fits all mentality expecting men to express emotions in the same way as a woman in therapy" (p.275). Heesacker & Prichard (1992) call for men's emotions to be understood rather than corrected.

The purpose of this synthesis paper will be to examine the traditional male gender role, it's impact on men, and the implications for counselors working with male clients.

The Male Gender Role

Gender roles, unlike sex roles, are constructed socially (Men & Pasick, 1990). Gender roles are behaviors and ways of being that are culturally regarded as appropriately male or female (O'Neil, 1981). Boys learn how they are supposed to act and what is considered male in this society through interaction with primary care givers and peers (Meth & Pasick, 1990, Osherson, 1986, Solomon & Levy, 1982). The expectations of the male gender role have a great influence on men (Meth & Pasick, 1990). The rigid male role prescribed as acceptable in this society is considered hazardous to the emotional and psychological well being of men (O'Neil, 1981).

The traditional male gender role in North American culture requires men to exhibit behaviors such as restricted emotionality and affect, diminished help seeking behaviors, difficulty in intimate relationships, work and competition related stress and invulnerability (Meth & Pasick, 1990, Solomon & Levy, 1982). While not all men are uniformly affected, the male gender role and its consequences for men remains a pervasive force in North American culture (Solomon & Levy, 1982).

The Effects of Gender Role in Men's Lives

Men and Relationships

An important issue affecting men and subsequently the therapeutic process is that of men and relationships (Bergman, 1991, Osherson & Krugman, 1990). In general, the first and most influential relationship in a child's life is with his mother (Osherson & Krugman, 1990). The infant comes in the world "in connection" with his mother (Bergman, 1991). At around age 2,

the male child begins the process of disconnection with his mother in order to embrace the male gender role (Bergman, 1990, Osherson & Krugman, 1990). Girls learn who they are through identification with their mother, boys on the other hand, must be different in order to be masculine (Levant & Pollack, 1995). Due to this early violation, boys learn the process of disconnection rather than connection in relationships (Bergman, 1991). As a result, boys are required to develop stronger ego boundaries and more defenses, a trait which they carry into adulthood (Bergman, 1991, Levant & Pollack, 1995). The little boy, disconnecting from the relationship with his mother seeks to connect with the male role model or father (Bergman, 1991). In many cases however, the father is also affected by his own early process of disconnection, and has not learned to be "in relation" with his son (Bergman, 1991). Little boys learn to do, rather than be in relation (Bergman, 1991). Thus, men become more goal orientated, their success measured competitively through work and sports (Osherson, 1986).

Osherson & Krugman (1990) considered the male child's attachment to mother as a source of shame. The authors (Osherson & Krugman, 1990) describe this shame as being present on both a pre-oedipal and oedipal level. As the child seeks to disidentify with his mother, understanding that he is different from her, he denies his need for nurturing in order to separate (Osherson & Krugman, 1990). In order to define his maleness, the child pushes away the feminine embodied in his mother and seeks to identify with the father (Osherson & Krugman, 1990). If the father is distant or unavailable, the child once again experiences a sense of shame and disconnectedness (Osherson & Krugman, 1990, Bergman, 1991).

Chodorow, as cited in Meth & Pasick (1981), views the psychoanalytic concept of the "oedipal triangle" to be wrought with conflict. As the male child struggles to disengage from his

mother, he effectively learns to detach, rather than fulfill his need for intimacy (Meth &Pasick, 1981). A consequence of this early trauma may increase men's vulnerability to separation and abandonment in later relationships (Levant & Pollack, 1995). Dr. Ralph Zieff, a local psychotherapist working with men, vocalized that he also felt that men were intensely affected by the loss of their first romantic partner (personal communications, March 27, 1996).

The inability to risk vulnerability and connect emotionally with a partner causes difficulty within the realm of male/female relationships (Meth & Pasick, 1990). Men develop a language of logic and rationale, which is often unrecognizable to women (Meth & Pasick, 1990). Dr. Zieff (personal communications, March 27, 1996) identified with this phenomenon, relating that men have very deep feelings but are unable to adequately communicate them to women partners.

The male child's relationship with his father is an influencing factor in his development (Osherson, 1986). Osherson (1986) refers to the "wounded father" as the internal sense of masculinity that men carry within them. The man may remember his own father as wounded and/or wounding. The image that a man carries about his father, and ultimately his own manhood, relates to his early experience with the father-son relationship (Osherson, 1986). Making connections with a real father are essential to the boy in order to identify and be alike rather than different from a parent. Often however, the father is also recovering from his own disconnection and reinforces the process further (Bergman, 1991).

Bergman (1991) wrote, "there are some wonderful fathers, especially these days" (p.6). The special relationships which boys have with their fathers typically teach them about life, lessons in loyalty, fair play, team leadership and the bonds of friendship with other men (Levant,

1995). The relationship between son and father usually does not concentrate on the work of feelings and emotions (Levant, 1995). Men yearn for connectedness to self and others (Levant, 1995). In his A.P.A. presidential address, Stanley R. Graham (1992) said what a man wants:

> He wants his mate's love and caring without having to ask for it, and he wants to be able to show his love for her without having to be concerned that it undermines the image of his manhood. He hates to see himself as a tearful, weak creature, dependent on others for his sense of affirmation. But he is tired of hiding his tears and turning away to preserve some traditional image of manhood. (p. 840-841)

Fear of Femininity

Fear of femininity is another important factor which influences men and their ability to meet their emotional needs (O'Neil, 1981, Solomon & Levy, 1982). Fear of femininity refers to strong, negative feelings associated with feminine values, behaviors and attitudes (O'Neil, 1981). This rejection of feminine qualities typically begins early, in response to interaction by family, peers and the values of one's culture (O'Neil, 1981).

The fear of feminine qualities and behaviors may cause men to be restricted emotionally, unwilling to risk self disclosure (Solomon & Levy, 1992). Restricted emotionality limits the capacity for men to be intimate with others, as well as within the therapeutic relationship (Meth & Pasick, 1990, O'Neil, 1981, Solomon & Levy, 1982). Qualities and interests regarded as feminine are potentially dangerous, and are seen by men as threats to manliness (Levinson, 1978). Anxiety over appearing feminine can prevent men from experiencing a well integrated self, incorporating the masculine and feminine sides to his personality (Levinson, 1978).

The fear of femininity is so deeply rooted in men within North American culture that most men are not aware of its impact upon their lives and relationships (O'Neil, 1981). Bergman (1991) wrote about the shame experienced by boys of his generation in being identified with their mothers, "the worst nicknames you could use on your friends was to call him by his mother's name: "Hi Roz! Hey Myrna! To be like your mother is felt as shameful".

Homophobia

Homophobia, the belief system that supports negative feelings about homosexual people is often at the root of men's fear of being perceived as having feminine qualities (O'Neil, 1981). Homophobia restricts men not only in their ability to call upon a wide range of emotional responses, but in their relationships with other men as well (O'Neil, 1981). Not only do men feel unable to enjoy any physical closeness with other men, beyond a quick handshake, they are often restricted in activities as well (Meth & Pasick, 1981). Meth and Pasick (1981) relate the story of a male client who felt awkward going to dinner or the movies with another man due to the suspicions which may follow.

These powerful forces cause men to become isolated from other men on an emotional level and cause stress in a man's life by reducing or eliminating the emotional outlet in sharing with other men (Meth & Pasick, 1981). When men have no intimate male friends with which to share their dreams, disappointments, parent and job struggles, they may begin to feel that they are alone in their distress (Meth & Pasick, 1981). In addition, fear of femininity and homophobia can have the effect of denying men the opportunity to integrate the feminine aspects of their personality throughout their life span (O'Neil & Egan, 1992). The merging of feminine and

masculine sides of one's personality is an important aspect of emotional development (O'Neil & Egan, 1992).

Men and Sexuality

While it is a common myth that the "only problem men experience with their sexual behavior is that there is not enough of it" (Solomon & Levy, 1982, p.316), men do experience sexual difficulties. O'Neil (1981) wrote, the fear of femininity and homophobia restrict men and the sexual expression available to them. O'Neil (1981) further stated, strict adherence to gender role stereotypes frames men's view of sexuality in a limited way. Men may have been conditioned to understand sex and orgasm as a goal rather than an intimate exchange (O'Neil, 1981). Sex may be seen as a measure of one's performance and masculinity (O'Neil, 1981). Men may view sex as separate from other parts of mutual intimate relationship needing to be in control in order to achieve mutual gratification (O'Neil, 1981). Writing about the issue of gender role and sexuality in 1982, Solomon & Levy stated, the male myth that all men should be able to perform, makes it difficult for men to talk about and be assisted with sexual dysfunction.

Men who have been socialized to equate maleness through sexual conquest with little emotional investment are finding difficulty in relating to women who have been raised in the age of feminism, aware of their own sexual needs (Solomon & Levy, 1982). Even men who are in touch with feelings and allow vulnerability, feedback from their partners regarding sexual enhancement can bring up painful feelings of inadequacy (Solomon & Levy, 1982).

Work and Competition

A central aspect of being a man in North American culture is a commitment to work (Meth & Pasick, 1981). Most men are raised with the message that competition and winning is

valuable (Meth & Pasick, 1981). Meth & Pasick (1981) reported that most men have messages such as "win at all costs", "don't be a sissy" and "work to your fullest potential" as children. Boys games traditionally revolve around competition. There are winners and losers as well as clearly defined rules. Men learn early to use their logic and rationale within their interactions with others (Meth & Pasick, 1981).

Men find themselves in a constant struggle to prove themselves and their masculinity through their work and relationships (Meth & Pasick, 1990, O'Neil, 1981). This sense of competition has the effect of distancing men from other men as they are continuously pitted against each other (O'Neil, 1981). This dynamic leads men to withdraw from other men, as well as to develop anxieties about work (O'Neil, 1981).

In addition to distancing men from other men, this sense of competition and dependence upon logic in interpersonal relations can cause difficulties for men in the home. Men learn to be autonomous, yet their families require them to work cooperatively and be in relation (Meth & Pasick, 1990).

The drive to succeed and provide well for their families may cause stress, illness and even premature death for men (Solomon & Levy, 1982). A recent term coined to define the goal orientated, success driven, impatient behavior pattern is called the Type A personality. These Type A behavior patterns are strongly encouraged in our society and are generally perceived as positive (Solomon & Levy, 1982). Type A behavior patterns are most closely identified with the male gender role, and are more common among men (Solomon & Levy, 1982).

Men and Health

In addition to being vulnerable to stress and coronary disease, men's health is often

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jeopardized due to the fact that they are less likely to seek medical attention (O'Neil, 1981). Many men, raised not to cry in response to pain, have learned to ignore physical symptoms which may alert them to serious health problems (O'Neil, 1981). Reluctance to admit sickness, weakness and dependency to others is related to the male gender role and men's fear of femininity (O'Neil, 1981).

Men are socialized not to express emotions, anxieties and stress which can, over time, manifest through physical illness and pain (O'Neil, 1981). In addition, health care providers find that men often deny or rationalize symptoms and their connection to lifestyle (Meth & Pasick, 1990). As men age, fear of dependency in response to declining physical health can awaken earlier struggles with the male gender role (Meth & Pasick, 1990).

Implications for Counselors

The Male Client

Traditionally, men have been under represented as mental health counseling clients (Wilcox & Forrest, 1992). There are a number of theories to explain why men tend not to seek psychological services. One theory is conflict between the traditional therapeutic relationship men's independent style (Wilcox & Forrest, 1992). Wilcox and Forrest (1992) wrote, therapy requires men to "share intimacies with a mental health counselor who is in charge" (p.292). This type of relationship may feel uncomfortable to the man who is bound to solve his own problems and take control, as a result of the male socialization process.

Osherson & Krugman (1990) wrote that "therapy in itself is a humiliating experience for men" (p.328). Men's earlier struggles around relationships and intimacy are reactivated by the process of therapy (Osherson & Krugman, 1990). Therapy recalls a time for men when they felt

dependent on mother, needy, wanting attachment yet being ashamed of needing intimacy (Osherson & Krugman, 1990).

The "ideal" therapy patient is also counter to the traditional male gender role (Osherson & Krugman, 1990, Wilcox & Forrest, 1992). Traditional feminine values are typically congruent with therapy, the ability to feel and describe emotion, being free to speak of vulnerabilities and to ask another for help (Osherson & Krugman, 1990). This mode of relating conflicts with the style of the male gender role (Wilcox & Forrest, 1992).

Although men tend to be reluctant in seeking counseling, they are becoming more visible in therapists offices (Meth & Pasick, 1990, Scher, 1981). Ralph Zieff, Ph.D. (personal communication, March 27, 1996), a local therapist specializing in the treatment of men, reported an increase of men in his practice in recent years. He estimated that 40% to 50% of his clients are male. Meth & Pasick (1990) questioned whether the current trend of men to seek therapy may reflect recognition that the male sex is more at risk in important areas.

Therapeutic Issues with Male Clients

When men seek therapy, gender issues come into play (Scher, Stevens, Good & Eichenfield, 1987). Men may feel inadequate in admitting they have a problem and embarrassed asking for help from another man (in the case of a male therapist), therefore, it is helpful for the counselor to be aware of the anxieties faced by men, and refrain from pushing men too quickly. Men may, in fact, not know how they feel when asked in therapy, they may try to rationalize their feelings and end up feeling frustrated. It is helpful for the counselor to understand and accept this frustration (Scher, Stevens, Good & Eichenfield, 1987).

As intimacy develops within the therapeutic relationship, the male client, working with a

male therapist, may feel confused (Scher, Stevens, Good & Eichenfield, 1987). These authors believe, experiencing intimacy with another male can lead to fears about homosexuality on the part of the client. These feelings may cause the client to withdraw, or even terminate from counseling (Scher, Stevens, Good & Eichenfield, 1987). These authors recommend that the counselor attempt to educate the client, and help him separate feelings of intimacy from sexuality as it is important that the client feel safe within the therapeutic relationship in order to explore this process.

Special Issues for the Female Counselor

If a male client enters therapy with a female therapist, he is again struggling with intimacy and the fear of being smothered, losing himself in the process of being in a relationship with a woman with whom he may feel intimate and dependent (Scher, Stevens, Good & Eichenfield, 1987). With the female therapist, issues of power may emerge (Scher, Stevens, Good & Eichenfield, 1987). Early in the relationship, the client may seek assurances of his worth, and may try to control the interactions in order to offer himself protection (Scher, Stevens, Good & Eichenfield, 1987). Letting go of control to a woman who is perceived as dominant can be stressful for a man (Scher, Stevens, Good & Eichenfield, 1987). Confrontation by a woman therapist may also feel uncomfortable for a man; he may become defensive, angry or feel pain in being attacked (Scher, Stevens, Good & Eichenfield, 1987). The greater the man's fear of femininity, the more he seeks to reject his female side and the more defensive he may become (Carlson, 1981).

The issue of power, in terms of gender, is influential on the counselor herself (Scher, Stevens, Good & Eichenfield, 1987). Females in North American culture traditionally see the

male as dominant, while their role is that of caretaker, nurturing the family (Scher, Stevens, Good & Eichenfield, 1987). The female counselor needs to be aware of the issues related to her gender in her therapy with male clients (Scher, Stevens, Good & Eichenfield, 1987). Female counselors must grow beyond their sex role, which limit their abilities to challenge the male client, presuming her role as a care giver. Female counselors need to guard against keeping men stuck by examining gender role biases as well as their beliefs about men and emotions (Scher, Stevens, Good & Eichenfield, 1987). Unexamined feelings, such as discomfort with men crying and showing emotions, puts the female therapist in collusion with the male gender role, disallowing men to step out of that role and become more fully integrated (Scher, Stevens, Good & Eichenfield, 1987).

Counseling Focus

While men seek counseling for a variety of reasons at all different stages of the life span, it is important to note that the influence of men's gender role will play a part in the counseling process (Meth & Pasick, 1990, Collison, 1981). Collison (1981) used the term "counseling focus" with adult males to mean increased attention on gender role issues. Collison (1981) called for five major components including: helping clients to identify and explore gender roles, assisting clients in determining the consequences of gender issues in their lives, examining the consequences of alternate behaviors, deciding on alternative behaviors, and developing a plan to evaluate progress.

Meth & Pasick (1981) recommended that counselors assist men in understanding themselves better in terms of their gender. They called for a psycho educational approach as well as exploring long denied feelings and helping men to become more emotionally connected to

significant people. Their suggested process begins with the assessment of the client's beliefs about masculinity, assisting the client in understanding the origins of his beliefs, identifying potentially harmful results of these beliefs, and connecting the beliefs to present problems while emphasizing that these beliefs were not freely chosen and can be changed if the client wishes to do so. This type of examination assists men in seeing how restrictive their belief system has been. This cognitive approach tends to help men become more comfortable with the therapeutic process, in that it is viewed as non-judgmental and non-threatening (Meth & Pasick, 1981). They urged counselors to include the network of female partners and family in the work around gender issues whenever possible. They believed that change happens in an interactional system and the meaning of manhood is redefined through man's relationships with others.

Kelly & Hall (1992) took a somewhat stronger stand on the issues of gender and counseling with men. They felt that recent literature and beliefs held by mental health professionals may in fact alienate men, not only do counselors not know men, they are hostile to men. They cited research which looked at men's development and gender issues as pathological, needing to be "cured". Kelly & Hall (1992) challenged mental health professionals to change the way they view men and make men feel more welcome in their offices.

Male clients are not the only ones who are emotionally restricted and angry, but any number of clients independent of their gender (Kelly & Hall, 1992). These authors suggested we empower men rather than judge them as bad or inadequate emotionally. The counseling focus of these authors challenged mental health professionals to look at their own bias and ask, when working with men. They raised such questions as:

Are we concentrating on building men's strengths and abilities?

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Do we celebrate and affirm men in their assets?

Do we work with men systematically?

Do we not blame the male victim? (Kelly & Hall, 1992, p.271)

Kelly & Hall (1992) wrote "when we see at least as many male clients as female clients, and when men report to us that they feel heard, validated, and valued for the first time, we will know we have reached our goals in counseling men" (p.271).

Conclusions

It is evident, in terms of the literature, that knowing our clients through gender awareness is essential to the therapeutic process. Men in North American culture have been affected to varying degrees by the beliefs they hold about masculinity. This belief system, or male gender role, is typically learned early in life through interactions with primary care givers. As the little boy seeks to disconnect with his mother in order to embrace masculinity, he learns to detach emotionally in intimate relationships. Not only does the boy learn to disconnect, he also learns it is shameful to be dependent upon his mother. This early experience of being needy and vulnerable can be re-awakened in the therapeutic process.

Men are affected by the gender role in many important areas of their lives, such as relationships with partners, children, and in friendships with other men. Fear of femininity and homophobia may limit men's ability to provide and receive nurturing in relationships. Again, therapy can seem threatening for men as they are asked to examine emotional pain and vulnerability.

When working with male clients, it is important for mental health professionals to be

sensitive to the beliefs and behaviors related to the male gender role. Male counselors should strive to educate clients and help them distinguish between feelings of intimacy and feelings related to sexual attraction. Likewise, female counselors should engage in the psycho educational approach, educating men about the male gender role, while being aware of their own issues of gender.

As men become more visible as counseling clients, Kelly & Hall (1992) called for mental health counselors to become more accepting of men and their style of relating in therapeutic settings. They (Kelly & Hall, 1992) asked mental health professionals to examine their own issues of gender as well. In conclusion, Dr. Ralph Zieff Ph.D. (personal communication, March 27, 1996) stated that there "needs to be the male equivalent of feminism in order for men to become empowered".

References

Bergman, S.J. (1991). Men's psychological development: A relational perspective. The Stone Center, Wellesley College, Wellesley, MA No. 48.

Carlson, N.L. (1981). Male client-female therapist. Personnel and Guidance Journal, 60 (4), 228-231.

Collison, B.B. (1981). Counseling adult males. Personnel and Guidance Journal, 60 (4), 219-222.

Cook, E.P. (1990). Gender and psychological distress. Journal of Counseling and Development, 68, 371-374.

Graham, S. (1992). What does a man want? American Psychologist, 47 (7), 837-841.

Heesacker, M. & Prichard, S. (1992). In a different voice, revisited: Men, women, and emotion. Journal of Mental Health Counseling, 14 (3), 274-290.

Kelly, K. & Hall, A. (1992). Toward a developmental model for counseling men. Journal of Mental Health Counseling, 14 (3), 257-273.

Levant, R.F., & Pollack, W.S. (Eds.) . (1995). A new psychology of men. New York: Basic Books.

Levinson, D. (1978). The seasons of a man's life. New York, Ballentine Books.

Meth, R.L. & Pasick, R.S. (1990). Men in therapy: The challenge of change. New York, The Guilford Press.

Mintz, L., O'Neil, J. (1990). Gender roles, sex, and the process of psychotherapy: Many questions and few answers. Journal of Counseling and Development, 68, 381-385.

O'Neil, J. (1980). Male sex role conflicts, sexism, and masculinity: Implications for men, women, and the counseling psychologist. The Counseling Psychologist, 9, (2), 61-77.

O'Neil, J. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in men's lives. The Personnel and Guidance Journal, 60 (4), 203-209.

O'Neil, J. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in men's lives. The Personnel and Guidance Journal, 60 (4), 203-209.

O'Neil, J., Egan, J. (1992). Men's gender role transitions over the life span: Transformations and fears of femininity. Journal of Mental Health Counseling, 14 (3), 305-325.

Osherson, S. (1986). Finding our fathers: How a man's life is shaped by his relationship with his father. New York, Fawcett Columbine.

Osherson, S., Krugman, S. (1990). Men, shame, and psychotherapy. Psychotherapy, 27 (3), 327-338.

Pleck, J. (1976). The male sex role: Definitions, problems, and sources of change. Journal of Social Issues, 32 (3), 155-163.

Scher, M., Stevens, M., Good, G., Eichenfield, G.A. (Eds.). (1987). Handbook of counseling & psychotherapy with men. Newbury Park, Beverly Hills, London, New Delhi, Sage Publications.

Solomon, K., Levy, N., (Eds.). Men in transition: Theory and therapy. New York, London, Plenum Press.

Wilcox, D., Forrest, L., (1992). The problems of men and counseling: Gender Bias or gender truth? Journal of Mental Health Counseling, 14 (3), 291-304.